

# Medical Blockchains: First Example

## Bitcoin Mechanics I

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# RECAP LECTURE 5

- ▶ *Incentives*
  - ▶ Block Rewards
  - ▶ Transaction Fees
- ▶ *Proof of Work*
  - ▶ Sybil attack: Recap
  - ▶ Proof of work: Key idea
  - ▶ Hash puzzles
- ▶ *Hash Puzzles: Properties*
  - ▶ Difficult to compute
  - ▶ Parameterizable cost
  - ▶ Trivial to verify
- ▶ *Mining Cost, Bootstrapping, 51-Percent Attack*
  - ▶ Mining cost: Basic calculation & complications
  - ▶ Bootstrapping: Feedback loop & recruiting miners
  - ▶ 51-Percent-Attack: Issues to consider

**Medical  
Blockchain  
Motivation**

**Medical  
Blockchain  
Overview**

**Medical  
Blockchain  
Elements**

**Bitcoin  
Mechanics I**

# OVERVIEW

- ▶ *Medical Blockchain: Motivation*
  - ▶ Situation, risks, goals
  - ▶ Attribute Based Encryption
  - ▶ Key Aggregate Cryptography
  - ▶ Cloud based solutions
- ▶ *Medical Blockchain: Overview*
  - ▶ Nodes and data
  - ▶ Access rights
  - ▶ Transactions
  - ▶ Block structure
- ▶ *Medical Blockchain: Elements*
  - ▶ Transaction types: details
  - ▶ Tokens & rewards
  - ▶ Election
- ▶ *Bitcoin Mechanics I*
  - ▶ Transactions in detail
  - ▶ Metadata, Input, Output

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# MOTIVATION I

## *Situation*

- ▶ Medical data scattered across institutions
  - ☞ Strict regulations prevent sharing and transferring
- ▶ Data standards vary per institution
  - ☞ Low level of interoperability
- ▶ Little people authorized to provide access and distribute
  - ☞ Patients have trouble to use their data
  - ☞ Optimal usage of *individual medical histories* hardly possible

# MOTIVATION II

## *Risks*

- ▶ No guarantee on reliability and integrity of patient data
  - ▶ Loss or hacking are real possibilities
  - ▶ Personal privacy leaks, data security, etc.
- ▶ Medical data stored in centralized manner
  - ▶ Allows malicious tampering, prone to hacking
  - ▶ Node failure due to natural disasters
- ▶ *Examples:*
  - ▶ *June 2017, Bondi Junction, Australia:* Accidental release of identifiable patient records
  - ▶ *October 2017:* 47 GB medical records stored in Amazon database accidentally opened to public

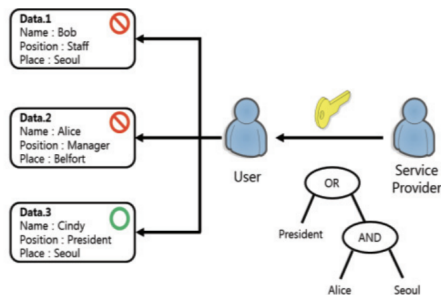
# MOTIVATION III

## *Goals*

- ▶ Enable seamless exchange and sharing of medical data
- ▶ Get rid of single points of failure
- ▶ Make data tamper-proof and resistant to attacks
- ▶ Make data verifiable and immutable
- ▶ *Cloud based solutions rely on*
  - ▶ *Attribute-based encryption schemes*
  - ▶ *Key aggregate cryptography based safety*



# ATTRIBUTE BASED ENCRYPTION I

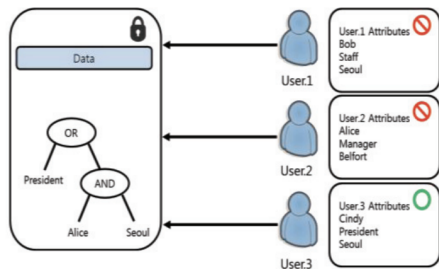


- ▶ Keys for decrypting data depend on *user properties*
- ▶ User characteristics part of key = "key based"
- ▶ Service provider encrypts data and issues keys on demand

Key Policy Attribute Based Cryptography

From [Lee et al., 2015]

# ATTRIBUTE BASED ENCRYPTION II

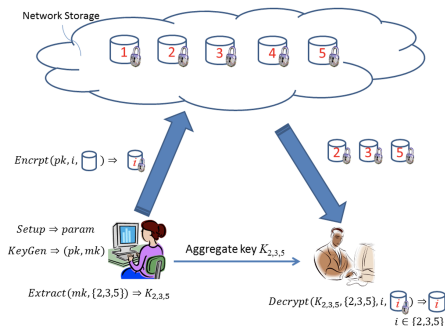


Cyphertext Policy Attribute Based Cryptography

From [Lee et al., 2015]

- ▶ Keys for decrypting data depend on *data characteristics*
- ▶ Data encrypted involving characteristics  
☞ "cyphertext based"
- ▶ Service provider encrypts and issues particularly tailored keys

# KEY AGGREGATE CRYPTOGRAPHY I

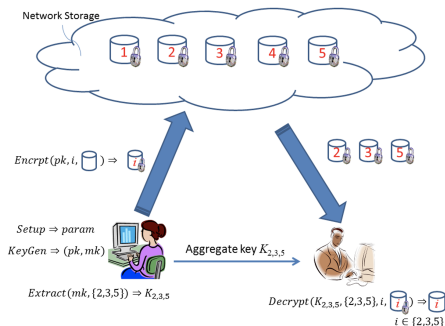


- ▶ Master generates key pair  $(MK, PK)$ 
  - ▶  $MK$  is *master key*
  - ▶  $PK$  is *public key*
- ▶ Master sets all necessary parameters
- ▶ Master encrypts each data record  $i$  using  $PK$

## Key Aggregate Cryptography

From [Chu et al., 2014]

# KEY AGGREGATE CRYPTOGRAPHY II



- ▶ User requests access for data records  $i_1, \dots, i_l$
- ▶ Master generates aggregate key  $K_{i_1, \dots, i_l}$  using MK
- ▶ Master sends  $K_{i_1, \dots, i_l}$  to User
- ▶ User decrypts data records  $i_1, \dots, i_l$  using  $K_{i_1, \dots, i_l}$

## Key Aggregate Cryptography

From [Chu et al., 2014]

# CLOUD BASED SOLUTIONS: DRAWBACK

- ▶ ABE and KAC alone provide
  - ▶ Tamper resistance
  - ▶ Privacy protection
  - ▶ Secure storage
- ▶ ABE and KAC alone do *not* provide
  - ▶ Full control of individual medical records by patient
  - ▶ Independence from third parties
    - ☞ Cloud management holds master keys etc.
- ▶ *Solution:* Integrate cloud based with blockchain based system.
- ▶ *Consequences:*
  - ▶ Patients "own" their data
  - ▶ Cloud management decentralized

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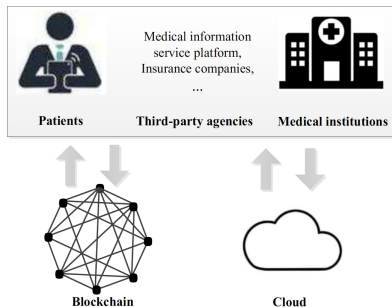
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# MEDICAL BLOCKCHAIN: OVERVIEW

- ▶ Data too large ➡ needs to be put to cloud
- ▶ Different participants have different ...
  - ▶ ... requirements
  - ▶ ... rights to access data
- ▶ *Challenge:* Design appropriate blockchain
  - ▶ Cloud holds data
  - ▶ Blockchain holds metadata

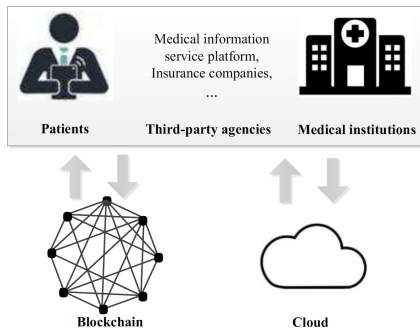


Medical Blockchain Architecture

From [Chen et al., 2019]

# MEDICAL BLOCKCHAIN: NODES AND DATA

- ▶ Patients
- ▶ Third-party agencies
  - ▶ Research teams
  - ▶ Insurance companies
  - ▶ Information platforms
- ▶ Medical Institutions
- ▶ *Data*: Individual medical records



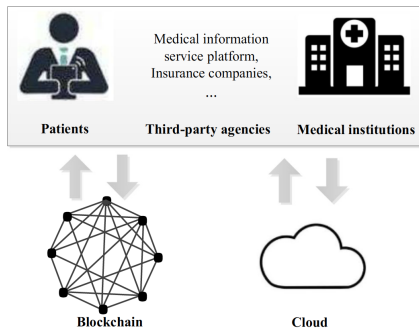
Medical Blockchain Architecture

From [Chen et al., 2019]



# MEDICAL BLOCKCHAIN: ACCESS RIGHTS

- ▶ Everyone has read/write access to own data
- ▶ By default, everyone gets access to other data only by consent of data owner
- ▶ *Exception – Emergency:* Medical institutions get read access without authorization

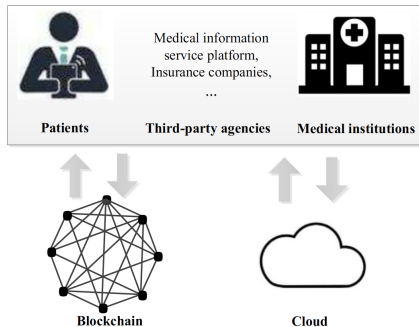


Medical Blockchain Architecture

From [Chen et al., 2019]

# MEDICAL BLOCKCHAIN: TRANSACTIONS

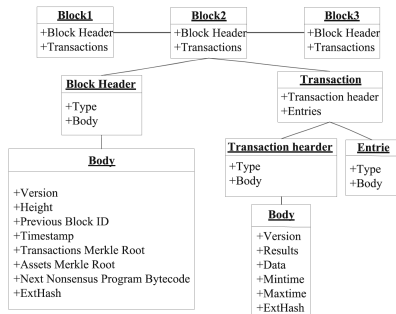
- ▶ Medical data *release*
  - ☞ through medical institution / doctor
- ▶ Medical data *storage*
  - ☞ through patient
- ▶ Medical data *sharing*
  - ☞ patient authorizes third-party or external institution



Medical Blockchain Architecture

From [Chen et al., 2019]

# MEDICAL BLOCKCHAIN: BLOCK STRUCTURE



Medical Blockchain: Block Structure

From [Chen et al., 2019]

- ▶ Transactions arranged by Merkle tree
- ▶ Transactions contain hash of medical data in cloud
- ▶ Public key encryption is used for data in cloud
- ▶ Access control policy established by cloud storage management

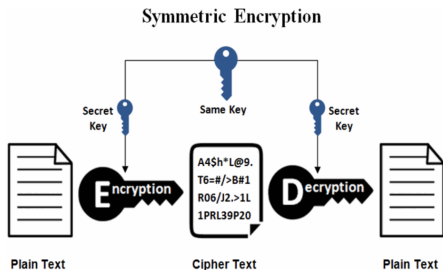
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# SYMMETRIC ENCRYPTION

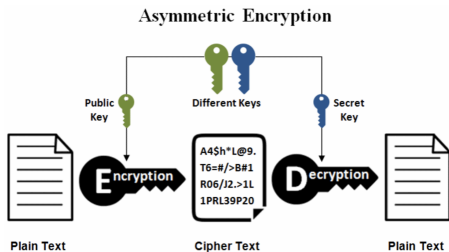


## Symmetric Key Encryption Scheme

From [wizrdforcel.gitbooks.io/](https://wizrdforcel.gitbooks.io/)

- ▶ Encrypting and decrypting party share identical key
- ▶ *Advantage:* Data securely shared between two parties
- ▶ *Disadvantage:* Keys need to be transmitted across network

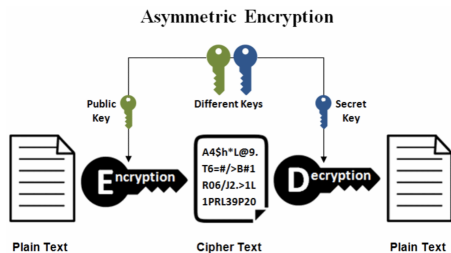
# ASYMMETRIC ENCRYPTION I



From [wizardforcel.gitbooks.io/](http://wizardforcel.gitbooks.io/)

- ▶ *Encryption*: Everyone holding public key can encrypt data
- ▶ *Decryption*: Only secret key holder can decrypt
- ▶ *Advantage*: No transmission of secret keys necessary

# ASYMMETRIC ENCRYPTION II



## Asymmetric Key Encryption Scheme

From [wizardforcel.gitbooks.io/](http://wizardforcel.gitbooks.io/)

- ▶ *Safe transmission of secret key  $S$  from  $A$  to  $B$ :*
  - ▶  $B$  generates asymmetric key pair  $(PK, SK)$ , shares  $PK$  with  $A$
  - ▶  $A$  encrypts  $S$  with  $PK$
  - ▶  $B$  decrypts  $S$  with  $SK$
  
- ▶ *Example:  $S$  being symmetric, attribute based, or aggregate key*

# MEDICAL BLOCKCHAIN TRANSACTIONS: RELEASE

## *Medical Data Release: Situation*

- ▶ Patient  $A$  visits doctor / medical institution  $B$
- ▶  $A$  and  $B$  have key pairs  $(S_A, P_A)$  and  $(S_B, P_B)$
- ▶ *Reminder:*  $P_A$  and  $P_B$  are  $A$ 's and  $B$ 's blockchain identities
- ▶  $B$  generates data  $D_A$  and performs transaction

## *Medical Data Release: Operations*

- ▶  $B$  generates digest  $H(D_A)$  using hash function  $H$
- ▶  $B$  signs  $H(D_A)$  using his secret key  $S_B$
- ▶ *Transaction:* Records  $A$ ,  $B$ , and  $H(D_A)$  with signature from  $B$



# MEDICAL BLOCKCHAIN TRANSACTION: STORAGE I

## *Medical Data Storage: Situation*

- ▶ Patient  $A$  with  $(S_A, P_A)$  has visited doctor / medical institution  $B$  with  $(S_B, P_B)$ , who generated data  $D_A$
- ▶  $B$  has released data generation record to blockchain
- ▶ *Simultaneously:*
  - ▶  $B$  generates symmetric key  $K_S$
  - ▶  $B$  encrypts  $D_A$  with  $K_S$  and  $K_S$  with  $P_A$ , yielding  $D'_A$  and  $K'_S$
  - ▶  $B$  sends  $D'_A$  and  $K'_S$  to  $A$
- ▶  $A$  is to perform storage transaction

# MEDICAL BLOCKCHAIN TRANSACTION: STORAGE II

## *Medical Data Storage: Operations*

- ▶ A verifies signature of B on  $H(D_A)$  on blockchain
- ▶ A decrypts  $K'_S$  using  $S_A$  and  $D'_A$  using  $K_S$
- ▶ A generates new encryption key  $E_A$  for cloud storage (e.g. a master-public key pair for KAC)
- ▶ *Cloud:*
  - ▶ A encrypts data  $D_A$  using  $E_A$ , yielding  $D''_A$
  - ▶ A signs  $D''_A$  using  $S_A$
  - ▶ A stores both  $D''_A$  and its signature
- ▶ *Blockchain:*
  - ▶ Hash pointer to release transaction in blockchain
  - ▶ Hash pointer to  $D''_A$  in cloud
  - ▶ Transaction signed using  $S_A$

# MEDICAL BLOCKCHAIN TRANSACTION: SHARING

## *Medical Data Sharing: Situation*

- ▶ Third party  $C$  with  $(S_C, P_C)$  requests access to data  $D_{A1}, \dots, D_{AI}$  stored on cloud from  $A$
- ▶ Release and storage of all  $D_{A1}, \dots, D_{AI}$  recorded in blockchain

## *Medical Data Sharing: Operations*

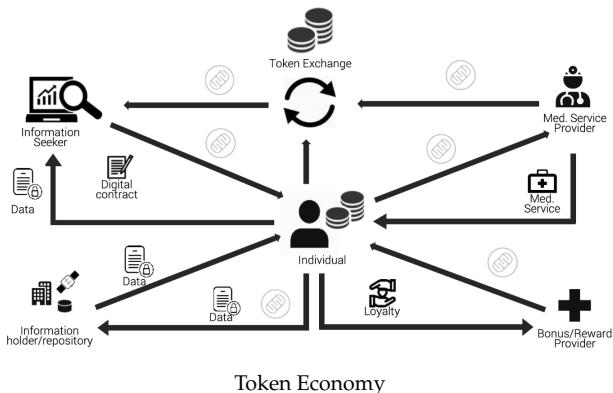
- ▶ *Cloud: A is the authority for self-owned data*
  - ▶  $A$  generates decryption key(s) for  $D_{A1}, \dots, D_{AI}$
  - ▶  $A$  sends key(s) to  $C$ , who accesses and decrypts  $D_{A1}, \dots, D_{AI}$
- ▶ *Blockchain:*
  - ▶ Access for  $P_C$  signed by  $S_A$
  - ▶ Proof of access: deposit decryption key(s) (and additional rights)
  - ▶ Hash pointers to storage transactions of  $D_{A1}, \dots, D_{AI}$

# MEDICAL BLOCKCHAIN: TOKENS I

## *Currency and Tokens*

- ▶ Tokens are digital assets of value
- ▶ For a cryptocurrency:
  - ▶ Coins themselves
  - ▶ Rights to purchase something
- ▶ Medical data is valuable:
  - ▶ The individual itself requires it for optimizing health
  - ▶ Health insurances require it for optimizing premiums
  - ▶ Research teams require it for drawing scientifically competitive conclusions

# MEDICAL BLOCKCHAIN: TOKENS II



Token Economy

From tectales.com

- ▶ Medical data raises a market in its own right
- ▶ *Idea:* Reward miners with tokens of interest

# MEDICAL BLOCKCHAIN: REWARDS

- ▶ *Transaction fees*
  - ▶ Requires platforms for connecting to external services
  - ▶ *Note:* Such platforms are referred to as *oracles*
- ▶ *Block reward patients:*
  - ▶ Treatment vouchers
  - ▶ Health insurance premium reductions
- ▶ *Block reward hospitals:*
  - ▶ Receive funds for / access to external medical data
  - ▶ Raises competitiveness in performing studies
  - ▶ May optimize in-house protocols
- ▶ *Block reward health insurances:*
  - ▶ Access to patient data

# MEDICAL BLOCKCHAIN: ELECTION

## *Delegated Proof of Stake*

- ▶ *Currency*: Tokens
- ▶ *Proof of Stake*: Chances proportional to medical data owned
- ▶ *Delegated Proof of Stake*:
  - ▶ Assign your tokens to delegates via *staking pool*
  - ▶ Raises chances of delegates
  - ▶ No participation by oneself required
  - ▶ Long-term trusted delegates attract others' tokens

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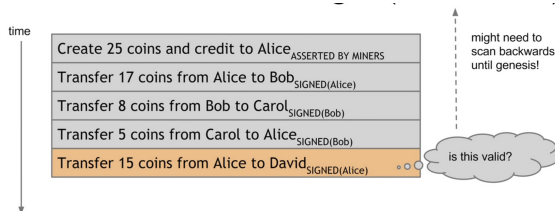
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# ACCOUNT BASED LEDGER I



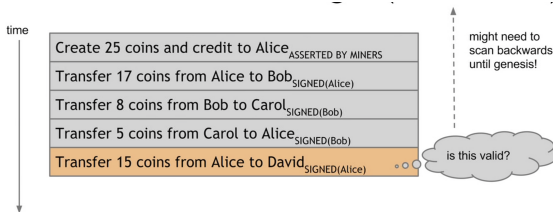
SIMPLIFICATION: only one transaction per block

## Account based ledger

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ Transactions recorded in terms of sender and recipient
- ▶ Requires to keep track of identities
- ▶ Requires to keep track of identities' accounts

# ACCOUNT BASED LEDGER II



SIMPLIFICATION: only one transaction per block

## Account based ledger

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ Verifying transactions requires to keep track of accounts
- ▶ Requires to look back in history
- ▶ Expensive operation
  - ▶ Additional data structures increase efficiency...
  - ▶ ... but require housekeeping beyond the blockchain

# TRANSACTION BASED LEDGER I

1	Inputs: $\emptyset$ Outputs: 25.0→Alice	
2	Inputs: 1[0] Outputs: 17.0→Bob, 8.0→Alice	SIGNED(Alice)
3	Inputs: 2[0] Outputs: 8.0→Carol, 9.0→Bob	SIGNED(Bob)
4	Inputs: 2[1] Outputs: 6.0→David, 2.0→Alice	SIGNED(Alice)

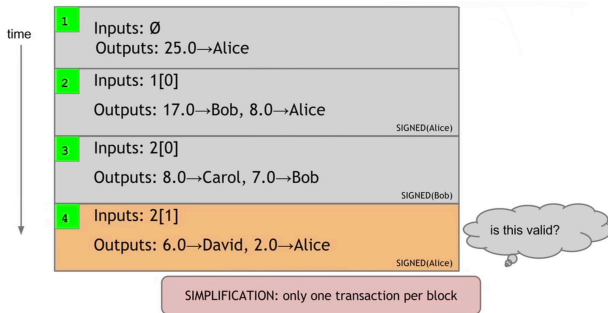
## Transaction Based Ledger

Note: one transaction per block

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ *Reminder*: Do similar as for ScroogeCoin
- ▶ Each transaction input indexed as  $x[y]$ 
  - ▶  $y$  indexes transaction
  - ▶  $x$  indexes output
- ▶ Each transaction signed by input provider

# TRANSACTION BASED LEDGER II

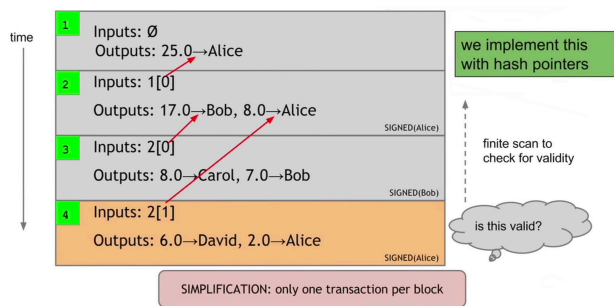


## Transaction Based Ledger: Validity Check

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

How to check validity? Any gains in processing time?

# TRANSACTION BASED LEDGER III



## Transaction Based Ledger: Finite Scan

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

Checking validity amounts to finite scan

# TRANSACTION BASED LEDGER: FEATURES

## *Change Addresses*

- ▶ The output needs to consume the input
- ▶ Remaining input needs to be routed to a *change address*
- ▶ Change address could be input address or alternative identity

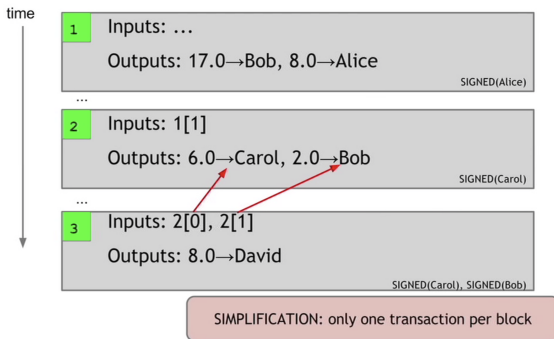
## *Efficient Verification*

- ▶ Compare with transactions whose output is consumed
  - ↳ Constant time operation

## *Consolidating Funds*

- ▶ *Goal:* Summarize different outputs owned by same node
- ▶ Create transaction that
  - ▶ collects different outputs as its input
  - ▶ has one output sent one of node's identities

# TRANSACTION BASED LEDGER: FEATURES II



## Joint Payments

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ Transaction claiming outputs from several identities as input
- ▶ All identities providing input sign transaction

# TRANSACTION SYNTAX



## Transaction Syntax

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ Each transaction virtually is string of bits
- ▶ Scripting language supports compilation of transactions
- ▶ Parts of script: 1.) metadata, 2.) inputs, 3.) outputs



# TRANSACTION SYNTAX: METADATA



## Transaction Metadata Syntax

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ Housekeeping information: size, number of inputs and outputs
- ▶ Hash of transactions → unique ID for transaction
- ▶ "lock\_time" field: to be discussed later

# TRANSACTION SYNTAX: INPUTS

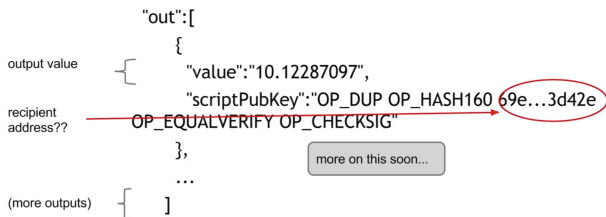
```
previous transaction { "in":[  
                      { "prev_out":{  
                        "hash":"3be4...80260",  
                        "n":0  
                      },  
signature { "scriptSig":"30440....3f3a4ce81"  
           },  
(more inputs) { ...  
                ],
```

## Transaction Input Syntax

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ Inputs form an array; each input has same form
- ▶ Hash pointer to previous transaction → previous output is input
- ▶ Signature of the owning identity (identities)

# TRANSACTION SYNTAX: OUTPUTS



## Transaction Output Syntax

From [bitcoinbook.cs.princeton.edu](http://bitcoinbook.cs.princeton.edu)

- ▶ Outputs form an array: each output has two fields
- ▶ Value where sum of output values at most sum of input values  
difference: transaction fee
- ▶ Field specifying recipient(s); in fact, that field is a *script*

# MATERIALS / OUTLOOK

- ▶ See [Chen et al., *Journal of Medical Systems* 43(5), 2019];  
<https://doi.org/10.1007/s10916-018-1121-4>
- ▶ See *Bitcoin and Cryptocurrency Technologies*, 3.1
- ▶ See <https://bitcoinbook.cs.princeton.edu/> for further resources
- ▶ See also related resources at <https://www.tectales.com>
- ▶ Next lecture: “Bitcoin Mechanics II: Scripts”
  - ▶ See *Bitcoin and Cryptocurrency Technologies* 3.2 & 3.3
- ▶ “Smart contracts and Ethereum I”
  - ▶ See *Bitcoin and Cryptocurrency Technologies* 10.7